

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SJP	1027	3/22/01 15/17/01
RESPONSE FORMALITY REVIEW	SAP	1110	9-7-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	4/17/01
2	4/17/01
3	4/17/01
4	4/17/01
5	4/17/01
6	4/17/01
7	4/17/01
8	4/17/01
9	4/17/01
10	4/17/01
11	4/17/01
12	4/17/01
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18	4/17/01
19	4/17/01
20	4/17/01
21	4/17/01
22	4/17/01
23	4/17/01
24	4/17/01
25	N
26	✓ ✓ ✓ ✓
27	✓
28	✓ ✓
29	
30	✓ ✓
31	✓
32	✓ ✓
33	
34	✓ ✓
35	✓
36	✓
37	✓ ✓ ✓ ✓
38	N
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43	
44	N
45	✓ ✓
46	✓
47	✓
48	✓
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Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet her

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